

INSTRUCTIONS

STEP 1: APPLICATION REVIEW AND SUBMISSION. Review application and complete all information requested in the application. If supporting documentation is required, it must be attached to your application. Your application must bear an original signature. In the event that a collaborative application is being submitted, all collaborating parties must sign the application. In order for an application to be deemed complete and thus appropriate for consideration, all portions of the application must be answered, all supporting documentation must be attached, and all appropriate signatures must be obtained.

STEP 2: TECHNICAL ASSISTANCE. In the event that you require technical assistance to complete your application, you may contact the RHSP Program Coordinator, Joe Barker, Director of the Office of Community Health Systems and Health Promotion, (304) 558-7078, Email: joseph.l.barker@wv.gov for further direction.

In the event that the organization/lead agency is one of the following organizational categories: a primary care center, emergency medical services center or provider, rural hospital flexibility program (critical access hospital), or local health department, you must demonstrate in your application that you have received technical assistance, prior to submitting your application, from the following source appropriate to the services you offer:

Primary Care Center(s)

Contact: David Haden, Director
Division of Primary Care
(304) 558-4007
Email: david.s.haden@wv.gov

Emergency Medical Service Center(s), or Provider

Contact: Drema Mace, Ph.D., Director
Office of Emergency Medical Services
(304) 558-7120
Email: drema.g.mace@wv.gov

Rural Hospital Flexibility Program (RHFP) (Critical Access Hospital – CAH)

Contact: Melissa Wheeler, Director
Division of Rural Health and Recruitment
(304) 558-1327
Email: melissa.s.wheeler@wv.gov

Local Health Departments

Contact: Amy Atkins, Director

Division of Local Health (304) 558-8870

Email: amy.d.atkins@wv.gov

The purpose of this is to provide each applicant an opportunity to receive technical assistance from available resources with the expertise specific to their organization/lead agency.

STEP 3: SUBMISSION. Mail one (1) original of your complete RHSP Application to the following address:

Legal Division
West Virginia Health Care Authority
100 Dee Drive
Charleston, West Virginia 25311-1600

ONLY COMPLETE APPLICATIONS RECEIVED IN CONFORMITY WITH THE TIME FRAME ESTABLISHED IN THE APPLICATION CYCLE, THE APPLICATION WILL BE CONSIDERED FOR FUNDING.

STEP 4: RECEIPT OF APPLICATION. Upon receipt of the application, a preliminary review of the application will be performed by the West Virginia Health Care Authority to assure that the application is complete and eligible for funding. Applicants will be notified by mail that the application is accepted for review. If there are any incomplete sections of the application, the West Virginia Health Care Authority will contact the applicant with a list of deficiencies. In the event that your application is not complete, information sufficient to complete the application must be received in conformity with the deadlines established in the application cycle or your application may be rejected.

STEP 5: MANAGEMENT TEAM REVIEW. After the Application is accepted for review by the West Virginia Health Care Authority, the application will be sent to the Director of the Office of Community Health Systems and Health Promotion for the Technical Assistance Team. The Technical Assistance Team will review the application and make recommendations to the Rural Health Systems Program Management Team. The Management Team may appoint a member of the Office of Community Health Systems and Health Promotion or the West Virginia Health Care Authority, if and when necessary, to work with the applicant.

STEP 6: NOTIFICATION. Once a decision on funding has been made by the Management Team, the applicant will receive written notification of the decision prior to the award cycle, whether you will receive a grant or be denied. There will be no opportunity for reconsideration once a decision has been made. (See *Grant Application due dates and award cycles on Application Cycle Page*)

STEP 7: FUNDING. Upon approval for funding, the applicant will be contacted by the legal department at the Health Care Authority to review and execute a formal written Grant Agreement and/or Loan Agreement detailing the terms of the grant and/or loan. At this time, the Budget, Statement of Work and Payment Methodology for the grant will be finalized. Once complete, the grantee will receive an executed copy of the grant, invoice forms and instructions to invoice the funds.

STEP 8: COMPLIANCE AND REPORTING. Exhibit E of your Grant Agreement will detail the required reporting requirements. The invoice and reconciliations will serve as progress reports. A Final Program Report will be due 30 days after the end of the grant period. Grantees are required to comply with West Virginia State Code 12-4-14 since this grant is funded by state dollars. This law requires a sworn statement of expenditures and may result in an audit report if funds received are \$50,000 or more in a state fiscal year.